2128 \$

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Minneapolis, MN 55402-1425 USA

Telephone: (612) 492-7000 Facsimile: (612) 492-7077

Attorney Docket No. 32414.24.1

AMENDMENT TRANSMITTAL

In re the application of:

John Francis Dufort

Application No.:

09/806,962

Examiner: Michael D. Masinick

Filed:

October 19, 2001

Group Art Unit: 2125

For:

LITHOPHANE-LIKE ARTICLE AND METHOD OF MANUFACTURE

Mail Stop Non-Fee Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

RECEIVED

OCT 2 2 2003

Transmitted herewith is an Amendment in the above-identified application.

**Technology Center 2100** 

Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27. [X]

The filing fee has been calculated as shown below:

|            | Claims    | Highest    |          |             |       |     |             |        |
|------------|-----------|------------|----------|-------------|-------|-----|-------------|--------|
|            | Remaining | No.        | Present  |             |       |     |             |        |
|            | After     | Previously | Extra    | Small       | Add'l | - 1 | Large       | Add'l  |
|            | Amendment | Paid For   | (Equals) | Entity Rate | Fee   | OR  | Entity Rate | Fee    |
| Total      | *         | - 20**     | = 0      | x 9         | \$    |     | x 18        | \$     |
| Indep.     | *         | - 3***     | = 0      | x 43        | \$    |     | x 86        | \$     |
| Mult. Dep. |           |            | =        | + 145       | \$    |     | + 290       | \$     |
| TOTAL      |           |            |          |             | \$    | OR  | TOTAL       | \$0.00 |

## [ ] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 09/806,962

- [X] The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 06-1910.
- [X] Petition for Extension of Time two (2) months along with a check in the amount of \$210 to cover the extension fee.

Respectfully submitted,

Registration No. 42,608

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 06-1910.

## CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

10-2-2003

Date of Deposit

#2856893\1

Allen W. Groenke